



RC: 480133

The Managing Director/CEO,
Covenant Microfinance Bank Ltd,
Canaan Land, Ota,
Ogun State.

CREDIT FACILITY APPLICATION FORM (INDIVIDUAL)

Name of Applicant:.....

Gender: Male Female Marital Status: Date of Birth:.....

Residential Address of Applicant:.....

Permanent Home Address:.....

Bank Verification Number (BVN):

State/Local Government of Origin:.....

E-Mail:.....

Telephone No:..... Alternate Telephone No

Name & Address of Employer:.....

Business Name:.....

Business Address:.....

Nature of Business:.....

Spouse's Name:.....

Spouse Occupation:.....

Spouse Tel. No..... Next of Kin's Name:.....

Other Sources of Income:.....

Occupation:..... Telephone No:.....

Relationship:

Account Details: Account Number(s).....

Account Name:

Type of Facility Requested.....

Amount Requested:..... Proposed Tenor:.....

Transforming Ordinary Individuals Into Creditors of Wealth

Purpose (State in detail):.....

Repayment Plan:..... Repayment Source:.....

Other Sources of Income:.....

Security provided:.....

.....
Details of Existing Facilities:

i. With Covenant Microfinance Bank

Type of Facility:..... Amount Granted:.....

Date Granted:..... Tenor:.....

Outstanding Balance:.....

ii. With Other Banks

Type of Facility:..... Amount Granted:.....

Date Granted:..... Tenor:.....

Outstanding Balance:.....

Borrowers Declaration: I/We agree and declare/on behalf

of that:-

- The information provided in this application is complete and correct in all respects
- You may inquire about me/us with any third party including an employer, another bank, credit bureau or agency as it relates to this facility.
- The approval based on this application is at the Bank's sole discretion.
- The facility shall be used for the purpose specified and shall be subject to terms and conditions provided by the bank. I shall abide by it including the amendments thereto from time to time at the sole discretion of the bank.
- All costs associated with the processing of this loan application shall be on my/our account.
- You may debit my/our Account with you to recover outstanding interest cost and expenses.
- I/We have no borrowing arrangements with any bank except as indicated in this application
- You may exchange my credit information with credit bureaux

Borrowers' Full Name:.....

Borrowers' Signature & Date:.....

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COVENANT
MICROFINANCE BANK LTD.**GUARANTEE AND INDEMNITY****IN FAVOUR OF COVENANT MICROFINANCE BANK LTD**

Guarantors are hereby notified that any false declaration on this form may lead to immediate stoppage of further drawing under the facility but will not in any way relieve the guarantor of his/her responsibility under this guarantee and indemnity.

I/we in consideration of

Surname Other names

the credit facility of N..... being considered to be granted to, or being enjoyed

by(customer) for carrying on business

in the name of.....

hereby guarantee the repayment of the principal loan of N.....

and total interest/charges on the loan as may accrue from time to time and indemnify Covenant Microfinance Bank Ltd fully for all loss or losses in this respect.

PARTICULARS OF GUARANTOR:

(Please Complete in Block Letters)

Office Address:

Profession, Designation:.....

Business Name/Address:

Phone Number:.....

Residential Address:

E-mail:..... Name of Banker:.....

Account Number:.....

Relationship with Applicant:

OBLIGATION

I/We affirm that the applicant has brought to my/our notice his/her commitment to Covenant Microfinance Bank Limited under a loan/advance of N.....

which is to be paid back indays/months wherefore in this respect I/We

.....hereby agree as follows:

1. I hold myself responsible for his/her misconduct whatsoever in respect of this facility.
2. I hold myself responsible to produce him/her as may be required any time.
3. That in the event of his/her inability to pay; I will pay the total amount due including all accrued interest to date on demand made by Covenant Microfinance Bank Ltd or its authorized representative.
4. I/We further irrevocably indemnify Covenant Microfinance Bank Ltd for the amount involved plus accrued interest and other cost associated with realisation of the facility.
5. I/we agree that the bank shall be free to exercise the right of set-off on any of my account(s) with her in case of default on the part of the primary debtor.

Dated this day.....of20

Signature of Guarantor/Indemnifier..... Date.....

Signature of witness:..... Date.....

Name of witness:.....

Transforming Ordinary Individuals Into Creators of Wealth



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E-mail:..... Name of Banker:.....

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